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425 MARKET STREET
SAN FRANCISCO
CALIFORNIA 94105-2482TELEPHONE: 415.268.7000
FACSIMILE: 415.268.7522

WWW.MOFO.COM

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To:

NAME:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office	703/ 872-9306	

FROM: Otis Littlefield
Reg. No. 48,751

DATE: June 16, 2005

Number of pages with cover page:	5	
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RE: U.S. Patent Application Serial No. 09/623,543
For: LONG LASTING ANTI-ANGIOGENIC PEPTIDES
By: Dominique P. BRIDON
Your Reference: 2200
Our Reference: 50086-20022.00

ATTACHED DOCUMENTS:

1. Transmittal (1 page)
2. Fee Transmittal (in duplicate -- 2 pages)
3. Notice of Appeal (1 page)

COMMENTS:

Please see attached documents. Thank you.

sf-1951467

PTO/SS/21 (08-03)


Approved for use through 07/31/2008. OMB 0651-0031


U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/823,543
		Filing Date	September 6, 2000
		First Named Inventor	Dominique P. BRIDON
		Art Unit	1642
		Examiner Name	A. M. Harris
Total Number of Pages in This Submission	4	Attorney Docket Number	500862002200

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. Facsimile Cover Sheet, not included in this page count
Remarks: _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 20872) Otis Littlefield - Reg. No. 48,751
Signature	
Date	June 16, 2005

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Dated: June 16, 2005	Signature:  (Leah Kallen)

sf-1951457

DUPLICATE COPY FOR FEE PROCESSING

PTO/58/17 (12-04v2)

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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-105). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/823,543 Filing Date September 5, 2000 First Named Inventor Dominique P. BRIDON Examiner Name A. M. Harris Art Unit 1642 Attorney Docket No. 500862002200	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 250.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Small Entity Fee (\$) Fee (\$)		SEARCH FEES Small Entity Fee (\$) Fee (\$)		EXAMINATION FEES Small Entity Fee (\$) Fee (\$)		Fees Paid (\$)
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
-84 = 0		x 50	=	0.00	Fee (\$)		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)		
-18 = 0		x 200	=	0.00	360 0.00		
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	150	(round up to a whole number) x	=	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): 1401 Notice of appeal						250.00	

SUBMITTED BY			
Signature 	Registration No. (Attorney/Agent) 48,751	Telephone (415) 268-6846	
Name (Print/Type) Otis Littlefield	Date June 16, 2005		

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PTO/SB/31 (09-04)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 500862002200
In re Application of Dominique P. BRIDON et al.		
Application Number 09/823,543	Filed September 5, 2000	
For LONG LASTING ANTI-ANGIOGENIC PEPTIDES		
Art Unit 1642	Examiner A. M. Harris	

06/17/2005 HTECKLU1 00000062 031952 09623543
01 FC:2401 250.00 DA

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500.00

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 250.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-1952. I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.

☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

☐ applicant /inventor.

☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

☐ attorney or agent of record.
Registration number _____

☒ attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. 48,751

Otis Littlefield
Signature
Otis Littlefield
Typed or printed name
(415) 268-6846
Telephone number
June 16, 2005
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

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Dated: June 16, 2005

Signature: Leah Kjaellen

(Leah Kjaellen)